

Division of Health Care Facilities

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN8210	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - ASBURY PLACE AT KINGSPORT B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ASBURY PLACE AT KINGSPORT

100 NETHERLAND LANE
KINGSPORT, TN 37660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have annual fire door inspections.</p> <p>The findings include:</p> <p>Record review and interview with the maintenance director on 1/19/16 at 3:00 PM revealed no annual fire door inspections are being conducted.</p> <p>This finding was verified by the maintenance director and acknowledged by the executive director during the exit conference on 1/19/16. NFPA 80 2012 Edition 5.2* Inspections. 5.2.1* Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ. 5.2.3 Functional Testing. 5.2.3.1 Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. 5.2.5.1 Fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.</p>	N 831	<p>N831- We will contact several other door companies to find a provider that will complete an annual door inspection as soon as possible.</p> <p>2/26/16</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

JE FORM

Charlotte Monroe Cochran LPHC

2-12-16

J5QA21

If continuation sheet 1 of 2

Division of Health Care Facilities

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N 831	Continued From page 1 5.2.5.2 The following items shall be verified: (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Slats, endlocks, bottom bar, guide assembly, curtain entry hood, and flame baffle are correctly installed and intact. (3) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (4) Curtain, barrel, and guides are aligned, level, plumb, and true. (5) Expansion clearance is maintained in accordance with manufacturer's listing. (6) Drop release arms and weights are not blocked or wedged. (7) Mounting and assembly bolts are intact and secured. (8) Attachments to jambs are with bolts, expansion anchors, or as otherwise required by the listing. (9) Smoke detectors, if equipped, are installed and operational. (10) No parts are missing or broken. (11) Fusible links, if equipped, are in the location; chain/cable, s-hooks, eyes, and so forth, are in good condition (i.e., no kinked or pinched cable, no twisted or inflexible chain); and links are not painted or coated with dust or grease. (12) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame. (13) No field modifications to the door assembly have been performed that void the label.	N 831		